

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # 2005 228100		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$
10 REASON:		8 TO BE REFUNDED BY:		
<div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		<div style="display: flex; align-items: center;"> 9 <div style="border: 1px solid black; padding: 2px 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 40%;"></div> </div> </div> </div>		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		<div style="font-size: small;"> RECEIVED: 07/28/2005 PKIDWELL 0020231600 DHH:133402 Made/Runby:10528104 FC: 9204 PHONE: \$250.00 CR </div>		
SIGNATURE: _____				
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**